								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD								_				
Effective October 1, 2000								09/806635				
		CLAIMS A		S FILED - PART I				L ENTITY		OTHE	R THAN	
	OTAL CLAIMS	ς	(Colum	(Column 1) (Column 2)			TYPE		OR		ENTITY	
-			<del></del>			्रभी के जुन्हें के	† <del> </del>		$\Box$	RATE	FEE	
-	OR OLL DOS		NUMBER	NUMBER FILED		BER EXTRA	BASIC	FEE Har		BASIC FEE		
-	· · · · · · · · · · · · · · · · · · ·	EABLE CLAIMS	17 mi	// minus 20=			X\$ 9	=	OR	X\$18=		
11	DEPENDENT C	/	ninus 3 =	-	1	X40=	= 140	7	Y00	<del> </del>		
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT		<del></del>			70	OR		<del> </del>	
1.	f the difference	e in column 1 is	less than z	less than zero, enter "0" in column 2			+135:		OR	L	<u> </u>	
		CLAIMS AS A				oolum, L	TOTA	٠ لــــــ	J <sup>R</sup>		<u> </u>	
	-	(Column 1)	AMENDEL	י PAH - U Colum)		(Column 3)	SMAL	L ENTITY	OR	OTHER SMALL		
<b>∀</b>		CLAIMS REMAINING		HIGHE	EST	PRESENT		ADDI-	7		ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID F	DUSLY	EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
S.	Total	•	Minus	••		=	X\$ 9=	7	OR	X\$18=		
AME	Independent	-	Minus	•••		=	X40=	1	1	X80=		
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		<b> </b>	<del>-</del>	OR			
							+135=		OR	+270=		
							ADDIT. FEI		OR ,	TOTAL DDIT. FEE		
		(Column 1) CLAIMS	12-11 Sec. 1	(Colum HIGHE		(Column 3)			, ,	· · · · · · · · · · · · · · · · · · ·		
ENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	SER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
QN	Total	•	Minus	••		=	X\$ 9=		OR	X\$18=		
₹	Independent	·	Minus	•••		=	X40=	<del>                                     </del>	1 t	X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (	CLAIM			-	OR			
							+135=		OR	+270=		
			•				TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT, FEE		
	**j	(Column 1) CLAIMS		(Columi		(Column 3)	<del></del>					
MEN	4	REMAINING AFTER AMENDMENT	45000	NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9=	1		X\$18=		
	Independent		Minus	***		=	<del> </del>	╂	OR			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		X40=	1	OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
- 11	WHE HIGHEST NUM	nber Previously Pai	id For IN THIS	S SPACE in L	lace than	20 40104 *20 *	TOTAL ADDIT, FEE		OR A	TOTAL DOIT. FEE		
TI	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											